

Application Data Sheet
APPLICATION INFORMATION

Application Number::
Filing Date:: 03/06/02
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD Disks:
Number of Copies of CDs:
Sequence Submission?:
Computer Readable From (CRF)? No
Number of Copies of CRF:
Title: EFFERVESCENT COMPOSITIONS COMPRISING
BISPHOSPHONATES AND METHODS RELATED
THERE TO
Attorney Docket Number:: 214240
Request for Early Publication?: No
Request for Non-Publication?: Yes
Suggested Drawing Figure:
Total Drawing Sheets:: 0
Small Entity?: Yes
Latin Name:
Variety denomination name:
Petition Included?: No
Petition Type:
Licensed US Govt. Agency:
Contract or Grant Numbers:
Secrecy Order in Parent Appl.? No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: McCallister
City of Residence:: West Palm Beach
State or Prov. of Residence:: FL
Country of Residence:: US
Street of mailing address:: 8469 Ironhorse Ct.
City of mailing address:: West Palm Beach
State or Province of mailing address:: FL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 33412

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Sweden
Status:: Full Capacity
Given Name:: Christer
Middle Name::
Family Name:: Rosén
City of Residence:: Tequesta
State or Prov. of Residence:: FL
Country of Residence:: US
Street of mailing address:: 17537 SE Conch Bar Avenue
City of mailing address:: Tequesta
State or Province of mailing address:: FL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 33469

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
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REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: LiFizz, Inc.
Street of mailing address:: 1095 Jupiter Park Drive, Suite 11
City of mailing address:: Jupiter
State or Province of mailing address:: FL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 33458